State of California
CHECKLIST FORM
PP-007 (05/06)

PRINT CLEAR

DEPARTMENT OF INSURANCE

Use this checklist when comparing plans. Are things important to you covered? If covered, what are the limitations on the coverage? How much is paid for by the insurance and how much do I have to pay out-of-pocket? Refer to the "filled-in checklist" for an example of how to complete this checklist.

BENEFIT	COVERED OR IN EFFECT?	HOW MUCH IS COVERED?	YOU PAY
Office visits	☐ Yes ☐ No		
Physical exams	☐ Yes ☐ No		
Diagnostics (lab work, medical procedures)	☐ Yes ☐ No		
Emergency room visits	☐ Yes ☐ No		
Cardiac/advanced procedures	☐ Yes ☐ No		
Hospitalization	☐ Yes ☐ No		
Preventative care	☐ Yes ☐ No		
Pre-existing conditions	☐ Yes ☐ No		
Well-child exams	☐ Yes ☐ No		
Immunization	☐ Yes ☐ No		
Maternity care	☐ Yes ☐ No		
Drug benefits	☐ Yes ☐ No		
Mental health coverage	☐ Yes ☐ No		
Network discount applies to deductible?	☐ Yes ☐ No		
Maximum out-of-pocket limits?	☐ Yes ☐ No		
Limitations on reimbursement for certain procedures?	☐ Yes ☐ No		

COSTS	AMOUNT
Premium	
Office visit co-pay	
Prescription drug co-pay (generic, name brand)	
Emergency room co-pay	
Coinsurance (you pay)	
Deductible	